



DECLARATION AND POWER OF ATTORNEY

Docket No. X-12448

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the invention entitled

METHOD OF TREATING THROMBOCYTOPENIC PURPURA AND HEMOLYTIC UREMIC SYNDROME

is attached hereto.

which is described and claimed in the specification which:

one) []	was filed on	as united	States
	Application Serial	No.	
or			·.
	PCT International	Application No	•
	and was amended on	(if applicable).
contents of the	that I have review e above identified nded by any amendme	specification,	including the
	the duty to disclos tentability as defi		
I hereby claim	the benefit under	Title 35, Unit	ed States Code

\$119(e) of any United States provisional patent application(s)

60/111,770 12/10/98 (Application Number) (Filing Date)

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

 (check

listed below.





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Attorney	Reg. No.	Attorney	Reg. No.
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said Robert A. Conrad to have in addition the power to revoke the power granted to all others listed above.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or or First Inventor

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Inventor's Signature :

Date:

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Inventor's Signature: 🔀

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